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Reply dated 6 December 2004  
Responsive to Final Office Action mailed on 19 October 2004

AMENDMENT TO THE CLAIMS

Please replace the previous set of claims with the following complete set of claims.

1. (Previously Presented) A method for training a child to achieve urinary continence by identifying an appropriate continence training opportunity, comprising the steps of:  
measuring a reflexive urination volume for the child;  
setting a signal threshold value to correspond to a bladder volume that is less than the reflexive urination volume;  
obtaining an objective measurement indicative of a state of fullness of the child's bladder;  
and  
providing a signal to the child or to a caregiver when the measurement equals or exceeds the signal threshold value.
2. (Cancelled)
3. (Cancelled)
4. (Original) The method of Claim 1 further comprising the step of querying the child regarding his or her physical sensation of bladder fullness.
5. (Original) The method of Claim 4 further comprising the step of informing the child that urination is possible or imminent.
6. (Previously Presented) The method of Claim 5 further comprising the step of providing the child with the opportunity to urinate into a designated receptacle.
7. (Original) The method of Claim 1 wherein the objective measurement correlates to a dimension of the bladder, a cross-sectional area of the bladder, or a volume of the bladder.
8. (Original) The method of Claim 1 wherein the signal is an audible alarm, a tactile alarm, or a visible alarm.

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9. (Previously Presented) The method of Claim 1 including using a bladder monitor to obtain the objective measurement.
10. (Previously Presented) The method of Claim 1 including utilizing ultrasound to obtain the objective measurement.
11. (Previously Presented) The method of Claim 1 further comprising the steps of applying a bladder monitor to the child's body in a wearable manner and using the bladder monitor to obtain the objective measurement.
12. (Previously Presented) A method for training a child to achieve urinary continence, comprising the steps of:
  - measuring a reflexive urination volume for the child;
  - setting a signal threshold value to correspond to a bladder volume that is less than the reflexive urination volume;
  - obtaining an objective measurement indicative of a state of fullness of the child's bladder;
  - providing a signal to the child or to a caregiver when the measurement equals or exceeds the signal threshold value; and
  - identifying an appropriate continence training opportunity based on an occurrence of the signal.
13. (Cancelled)
14. (Cancelled)
15. (Previously Presented) The method of Claim 12 further comprising the step of providing the child with the opportunity to urinate into a designated receptacle.
16. (Original) The method of Claim 12 wherein the objective measurement correlates to a dimension of the bladder, a cross-sectional area of the bladder, or a volume of the bladder.

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17. (Original) The method of Claim 12 wherein the objective measurement is obtained during a specific period of time that the caregiver designates as a continence training period.
18. (Previously Presented) The method of Claim 12 including using a bladder monitor to obtain the objective measurement.
19. (Previously Presented) The method of Claim 12 further comprising the steps of applying a bladder monitor to the child's body in a wearable manner and using the bladder monitor to obtain the objective measurement.
20. (Currently Amended) An article of commerce comprising a package including:
  - a bladder monitor adapted to perform an objective measurement indicative of a state of fullness of a child's bladder and provide a signal to the child or to a caregiver when the measurement equals or exceeds a signal threshold value; and
  - instructions for a user of the article for training the child to achieve urinary continence by performing the steps of measuring a reflexive urination volume for the child, setting the signal threshold value to correspond to a bladder volume that is less than the reflexive urination volume, using the bladder monitor to obtain the objective measurement, and identifying an appropriate continence training opportunity based on an occurrence of the signal.